

2539

1942

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1582

CERTIFICATE OF DEATH

REGISTRAR'S NO.

273

BIRTH NO.

11 X DEATH 18 RESIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>Pima</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Tucson</u>				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Tucson</u>					
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>714 Anita St.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>714 Anita St.</u>					
1 1 1 IDENT ONAL TA 3 349	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Federico</u> B. (MIDDLE) <u>C.</u> C. (LAST) <u>Carrillo</u>				4. SEX <u>male</u>		5. COLOR OR RACE <u>white</u>			
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 7. DATE OF BIRTH MONTH <u>May</u> DAY <u>24</u> YEAR <u>1892</u> 8. AGE YEARS <u>56</u> MONTHS <u>9</u> DAYS <u>12</u>				9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Merchant</u>		9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Merchant</u>			
	9B. KIND OF BUSINESS OR INDUSTRY <u>self</u>				10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Tucson, Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
USE OF ATH A 18)	14A. FATHER'S NAME <u>Miguel Carrillo</u>				14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Juana Arvizu</u>			
	16. INFORMANT'S SIGNATURE <u>[Signature]</u> ADDRESS <u>714 Anita St.</u>				17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>8</u> (YEAR) <u>1949</u>		13. SOCIAL SECURITY NO. <u>?</u>			
	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Malignancy, primary site unknown</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>Splenic tumor</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
TIONS, OPSY 2 ATH TO RNAL ENCE	19A. DATE OF OPERATION <u>—</u>				19B. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>no</u>				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>none</u> M <input checked="" type="checkbox"/>				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?	
ICAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb. 18, 1949</u> TO <u>Mar 8, 1949</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>3-8</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>2 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	23A. SIGNATURE (DEGREE OR TITLE) <u>[Signature]</u>				23B. ADDRESS <u>721 N. 4th Ave, Tucson</u>				23C. DATE SIGNED <u>3-9-49</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <u>March 10, 1949</u>				24C. NAME OF CEMETERY OR CREMATORY <u>Holy Hope Cemetery</u>				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>	
ERAL CTOR ND TRAR 2	25A. DATE REC'D BY LOCAL REP. <u>3-10-49</u>				25B. REGISTRAR'S SIGNATURE <u>[Signature]</u>				26. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>TUCSON MORTUARY</u>	